Effective December 29, 1999 09 / 5/5 809													19
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NU	NUMBER EXTRA		R	ATE	FEE	]	RATE	FEE
BASIC FEE								554	· (	345.00	OR		690.00
TOTAL CLAIMS									\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	7 minus 3 = * 4					X	X39=		OR	X78=	312
MULTIPLE DEPENDENT CLAIM PRESENT									+130=				
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	+260=	1.43
-04									TAL		OR	TOTAL	1005
3-22 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SA	IALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		REM	AIMS IAINING FTER NDMENT	Z.	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	. 1	<u>a</u> .	Minus	a	0.	<i>- 0</i>	X	\$9≐	-	OR	X\$18=	0
	Independent	•	5	Minus	•••	7	= 0	х	39=	-	OR	X78=	0
Ë	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								30=		OR	+260=	0
	8-5-04							<u> </u>	TOTAL			TOTAL	
	J		umn 1)		(Colun	nn 2)	(Column 3)	ADD	T. FEE			ADDIT. FEE	
AMENDMENT B		REN Al	AIMS IAINING FTER NDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		10	Minus	· 2	0	= 0	X	\$ 9=		OR	X\$18=	0
	Independent FIRST PRESE	•	<u>5</u>	Minus	PENDENT	7	= 0	×	39=		OR	X78=	0
	FIRST FRESE	MIAIR	JIA OF IMI	JETIFCE DEI	CNUCITI	OLAIM		+1	30=		OR	+260=	6
									TOTAL T. FEE		OR	TOTAL ADDIT, FEE	0
		(Col	umn 1)		(Colun	nn 2)_	(Column 3)				•	AUDII. FEE	
AMENDMENT C		REM AI	AIMS IAINING FTER NDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		5	X	9= -		OR	X\$18=	
	Independent	•	18	Minus	***		=	x	39=		- 7	X78=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<b>-</b>	OR		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									30= TOTAL		OR	+260=	
"It the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. F. ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
	The "Highest Nur							er found in	the ap	propriate bo	x in co	lumn 1.	

FORM PTO-875 (Rev. 12/99) **Application or Docket Number**